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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	USO30372
	First Named Inventor	SRINIVAS GUTTA ET AL
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR ADAPTIVELY SETTING BIOMETRIC MEASUREMENT THRESHOLDS**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or  
Bar Code Label**\*24737\*****24737**

OR

☒ Correspondence address below

PATENT TRADEMARK OFFICE

**Name: PHILIPS INTELLECTUAL PROPERTY & STANDARDS****Address: P. O. Box 3001****City: Briarcliff Manor****State NY****ZIP 10510-8001****Country U.S.A.****Telephone: (914) 332-0222****Fax: (914) 332-0615**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor**Given Name** SRINIVAS  
(first and middle [if any])**Family Name** GUTTA  
or Surname**Inventor's**  
**Signature****Date**

VELDHOVEN

**Residence: City****State**

NL

**Country**

NETHERLANDS

**Citizenship**

TURELUUR 23

**Mailing Address**

VELDHOVEN

**City****State**

5508 PX

**Zip**

NETHERLANDS

**Country****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor**Given Name** MIROSLAV  
(first and middle [if any])**Family Name** TRAJKOVIC  
or Surname**Inventor's**  
**Signature****Date**

CORAM

**Residence: City**

NEW YORK

**State**

USA

**Country**

YU

**Citizenship**

5105 TOWNEHOUSE DRIVE

**Mailing Address**

CORAM

**City**

NEW YORK

**State**

11727

**Zip**

USA

**Country**☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
VASANTH		PHILOMIN	
Inventor's Signature		Date	
Residence: City	STOLBERG	State	Country
			GERMANY
Mailing Address		Citizenship	
Mailing Address		IN	
City		STOLBERG	State
Mailing Address		AUF DER HOEHE 9	ZIP
City		STOLBERG	Country
Mailing Address		52223	GERMANY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**OR**

Attorney Docket Number      **USO30372**

First Named Inventor      **SRINIVAS GUTTA ET AL**

**COMPLETE IF KNOWN**Application Number      **/**

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR ADAPTIVELY SETTING BIOMETRIC MEASUREMENT THRESHOLDS**

the specification of which      (Title of the Invention)

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					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PATENT TRADEMARK OFFICE							
Name: PHILIPS INTELLECTUAL PROPERTY & STANDARDS							
Address: P. O. Box 3001							
City: Briarcliff Manor				State NY		ZIP 10510-8001	
Country U.S.A.				Telephone: (914) 332-0222		Fax: (914) 332-0615	
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NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) SRINIVAS				Family Name or Surname GUTTA			
Inventor's Signature						Date	
VELDHOVEN				State		NL	
Residence: City				Country		NETHERLANDS	
TURELUUR 23							
Mailing Address							
VELDHOVEN				State		5508 PX	
City				Country		NETHERLANDS	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) MIROSLAV				Family Name or Surname TRAJKOVIC			
Inventor's Signature <i>Miroslav Trajkovic</i>						Date <i>10/04/04</i>	
CORAM				State NEW YORK		USA	
Residence: City				Country		YU	
5105 TOWNEHOUSE DRIVE							
Mailing Address							
CORAM				State NEW YORK		11727	
City				Country		USA	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box → +

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	<b>First Named Inventor</b>	SRINIVAS GUTTA ET AL
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	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**24737** OR ☒ Correspondence address below

PATENT TRADEMARK OFFICE

**Name: PHILIPS INTELLECTUAL PROPERTY & STANDARDS**

**Address: P. O. Box 3001**

**City: Briarcliff Manor**

**State NY**

**ZIP 10510-8001**

**Country U.S.A.**

**Telephone: (914) 332-0222**

**Fax: (914) 332-0615**

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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name** **SRINIVAS**  
**(first and middle (if any))**

**Family Name** **GUTTA**  
**or Surname**

**Inventor's  
Signature**

**Date**

**VELDHOVEN**

**Residence: City**

**State**

**NL**

**Country**

**NETHERLANDS**

**Citizenship**

**TURELUUR 23**

**Mailing Address**

**VELDHOVEN**

**City**

**State**

**5508 PX**

**Zip**

**NETHERLANDS**

**Country**

**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name** **MIROSLAV**  
**(first and middle (if any))**

**Family Name** **TRAJKOVIC**  
**or Surname**

**Inventor's  
Signature**

**Date**

**CORAM**

**Residence: City**

**NEW YORK**

**State**

**USA**

**Country**

**YU**

**Citizenship**

**5105 TOWNEHOUSE DRIVE**

**Mailing Address**

**CORAM**

**City**

**NEW YORK**

**State**

**11727**


**Zip**

**USA**

**Country**

☐ Additional Inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



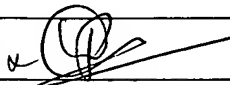
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**DECLARATION****ADDITIONAL INVENTOR(S)**  
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Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
VASANTH		PHILOMIN	
Inventor's Signature 		Date <u>10-5-2004</u>	
Residence: City	STOLBERG	State	Country GERMANY
		Citizenship	IN
Mailing Address			
Mailing Address AUF DER HOEHE 9			
City	STOLBERG	State	ZIP 52223
		Country	GERMANY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
		Citizenship	
Mailing Address			
Mailing Address			
City		State	Zip
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
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		Citizenship	
Mailing Address			
Mailing Address			
City		State	Zip
		Country	

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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24737

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24737

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone			Fax

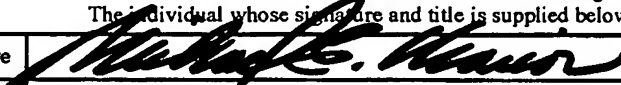
Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.  
Groenewoudseweg 1  
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	14 January 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.